SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency  RCRA SUBTITLE C SITE IDENTIFICATION FORM				
1. Reason for	Reason for Submittal:				
Submittal (See instructions	☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)				
on page 9)  ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification)				fication information)	
MARK ALL BOX(ES) THAT APPLY	☐ As a component of a First RCRA Hazardous Waste Part A Permit Application				
INAI APPLY	☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)				
	☐ As a component of the Hazardous Waste Report				
2. Site EPA ID Number (page 10)	EPA ID Number				
3. Site Name (page 10)	Name:				
4. Site Location	Street Address:				
Information (page 10)	City, Town, or Village:	State:			
,	County Name:		Zip Code:		
5. Site Land Type (page 10)	Site Land Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other				
6. North American Industry Classification	A. B.				
System (NAICS) Code(s) for the Site (page 10)	C.	D.			
7. Site Mailing	Street or P. O. Box:				
Address (page 11)	City, Town, or Village:				
	State:				
	Country:	Zip Code:			
8. Site Contact Person	First Name:	MI:	Last Name:		
(page 11)	Phone Number: Extension:		E-mail address:		
Operator and     Legal Owner	A. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):		
of the Site (pages 11 and 12)	Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other				
	B. Name of Site's Legal Owner:	Date Became Owner (mm/dd/yyyy):			
	Owner Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other				

(Continued) Address	City, Town, or Village:					
7.444.000	State:					
	Country:	-			Zip Code:	
10. Type of Regulate Mark "Yes" or "N		; complete any	additional boxes	as instructed.	. (See instructions on pages 13 to 16.)	
A. Hazardous W Complete all	aste Activities parts for 1 through	6.				
Y □ N □ 1. Generato	or of Hazardous Wa	ste		Y□N□ 2.	Transporter of Hazardous Waste	
If "Yes",	choose only one of	f the following ·	- a, b, or c.			
☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or		Y □ N □ 3.	Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.			
□ b. SQG: 100 to 1,000 kg/mo (22 of non-acute hazardous □ c. CESQG: Less than 100 kg/mo of non-acute hazardous		zardous waste; c	ous waste; or		I. Recycler of Hazardous Waste (at you site)	
			•	Y 🗆 N 🗆 5	5. Exempt Boiler and/or Industrial Furnace	
In addition, indicate other generator activities.				If "Yes", mark each that applies.		
Y ☐ N ☐ d. United States Importer of Hazardous Waste				☐ a. Small Quantity On-site Burner Exemption		
Y $\square$ N $\square$ e. Mixed Waste (hazardous and radioactive) Generator				□ b. Smelting, Melting, and Refining Furnace Exemption		
				Y□N□ 6.	Underground Injection Control	
B. Universal Waste Activities			C. Used Oil Activities  Mark all boxes that apply.			
						Y □ N □ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes",
mark all i	poxes that apply:	Generate	Accumulata		☐ b. Transfer Facility	
<b>-</b>			Accumulate -	Y □ N □ 2.	Used Oil Processor and/or Re-refiner	
a. Batterie		_	_		If "Yes", mark each that applies.  ☐ a. Processor ☐ b. Re-refiner	
b. Pesticid		_	_			
c. Thermos	stats			\		
d. Lamps				Y □ N □ 3.	Off-Specification Used Oil Burner	
	pecify)			Y □ N □ 4.	Used Oil Fuel Marketer	
	pecify)				If "Yes", mark each that applies.	
	pecify)on Facility for Univ				<ul> <li>a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</li> <li>b. Marketer Who First Claims the</li> </ul>	

PAID NO:			OMB#: 2050-0024	Expires 10/31/200	
11. Description of Hazardous Wastes	s (See instructions on page 17.)				
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.					
B. Waste Codes for State-Regulate hazardous wastes handled at you more spaces are needed for wast	r site. List them in the order they a				
12. Comments (See instructions on լ	page 17.)				
13. Certification. I certify under penalt supervision in accordance with a system submitted. Based on my inquiry of the pathe information, the information submitted there are significant penalties for submitted (See instructions on page 17.)	n designed to assure that qualified berson or persons who manage the ed is, to the best of my knowledge	personnel properly ga system, or those per and belief, true, accur	ather and evaluate the sons directly respons rate, and complete. I	e information ible for gathering am aware that	
Signature of operator, owner, or an authorized representative	Name and Official Title (type o	r print)		Date Signed (mm/dd/yyyy)	

## BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: 2005 Hazardous Waste Report **FORM** WASTE GENERATION GM AND MANAGEMENT Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form. Sec. 1 A. Waste description C. State hazardous waste code B. EPA hazardous waste code D. Source code F. Quantity generated in 2005 G. UOM E. Form code [G]\_\_\_\_ LW\_\_\_\_\_\_ Management Method code for Source code G25 Density LH\_\_\_\_\_ □ lbs/gal □ sg Was any of this waste managed on site? (pages 24 and 25) Sec. 2 □ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) □ 2 No (SKIP TO SEC. 3) ON-SITE PROCESS SYSTEM 2 ON-SITE PROCESS SYSTEM 1 On-site Management Quantity treated, disposed, or On-site Management Quantity treated, disposed, or Method code recycled on site in 2005 Method code recycled on site in 2005 LH\_\_\_\_\_ Sec. 3 Was any of this waste shipped off site in 2005 for treatment, disposal, or recycling? (pages 25 and 26) ☐ 1 Yes (CONTINUE TO BOX B) □ 2 No (FORM IS COMPLETE) Site 1 EPA ID No. of facility to which waste C. Off-site Management Method Total quantity shipped in 2005 was shipped code Shipped to LH\_\_\_\_\_\_ Site 2 В. EPA ID No. of facility to which waste C. Off-site Management Method Total quantity shipped in 2005 was shipped code Shipped to [H]

Comments:

code Shipped to

Off-site Management Method

[H] [ ]

C.

was shipped

EPA ID No. of facility to which waste

Site 3

В.

Total quantity shipped in 2005

## BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER: SITE NAME: EPA ID NO:

## U.S. ENVIRONMENTAL PROTECTION AGENCY

2005 Hazardous Waste Report

EPA ID NO:			FORM WR	WASTE RECEIVED FROM OFF SITE
Instructions: Please see the detailed instru	uctions on pages	27 to 30 of th	is booklet before	e completing this form.
Waste 1  A. Description of hazardous waste	ste B.		ous waste code	C. State hazardous waste code
D. Off-site handler EPA ID number	E. Quantity received in 2005			F. UOM Density  L. L
G. Form code	H. Managemer		е	
Waste 2	B.		ous waste code	C. State hazardous waste code
D. Off-site handler EPA ID number  ☐ Mark if same as in Waste 1		received in 200		F. UOM Density  L
G. Form code		H. Management Method code		
Waste 3  A. Description of hazardous was	B.		ous waste code	C. State hazardous waste code
□ Mark if same as in Waste 2		received in 20		F. UOM Density  L
G. Form code	H. Management Method code		ode	
Comments:				

## BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL U.S. ENVIRONMENTAL OR ENTER: PROTECTION AGENCY SITE NAME: 2005 Hazardous Waste Report **FORM OFF-SITE** OI EPA ID NO: LLLLL LLLL LLLLL **IDENTIFICATION** Instructions: Please read the detailed instructions on the reverse side before completing this form. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 1 D. Address of off-site installation C. Handler type (MARK ALL THAT APPLY) □ Generator Street City □ Transporter □ TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 2 D. Address of off-site installation C. Handler type (MARK ALL THAT APPLY) □ Generator Street \_\_\_\_ City □ Transporter □ TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 3 C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation □ Generator Street \_\_\_\_ City □ Transporter State \_ \_ \_ Zip \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ \_ □ TSDR facility B. Name of off-site installation or transporter A. EPA ID No. of off-site installation or transporter Site 4 C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation Street \_\_\_\_ □ Generator City □ Transporter State \_ \_ \_ Zip \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ \_ \_ □ TSDR facility Comments: